

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

**10/507092**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
14		1				
15		1				
16		5				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
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31						
32						
33		1				
34		1				
35						
36		1				
37	1					
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39		1				
40		1				
41		1				
42	1					
43		1				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	10					
TOTAL CLAIMS	15					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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58						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS